Revised Manifest Summary Report

NEW LIFE SERVICE CO.
NEW LIFE SERVICE CO

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
04/17/1990		89797806		600	LBS		CMP		

Total Records: 1

Default Volume: 0

Total Waste Volume: .3

Please print or type. (Form designed for use on elite (12-pitch typewriter). 1. Generator's US EPA ID No. 2 Page 1 Manifest Information in the shaded areas UNIFORM HAZARDOUS 718101 is not required by Federal law. WASTE MANIFEST A. State Manifest Document Number 3. Generator's Name and Mailing Address 897 97806 NEW LIFE SERVICE CO. 12415 LOS NIETCS 4. Generator's Phone (7/3) A State Generator RD. State Transporter's ID 5. Transporter 1 Company Name 1-800-852-7550 D. Transporter's Phone 1981/42/21 E. State Transporter's ID US EPA ID Number 7. Transporter 2 Company Name F. Transporter's Phone UNECA RECOVERY SEW. G. State Facility's ID US EPA ID Number 9. Designated Facility Name and Site Address CALL 12504 E. WAITTIER BE. S IEN CA. 90602 CADIO14212145101011 CALIFORNIA Total 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Quantity Туре W1/Vo FLAMMABLE LIGHTO NOS GENERAT CENTER 1-800-424-8802; EPA/Other Ò State EPA/Other EPA/Other J. Additional Descriptions for Materials Listed Above
A. MIXED SOLVENT MIXTURE IN **Wastes Listed Above** K. Handling Codes for RESPONSE b. C.AL NATIONAL 15. Special Handling Instructions and Additional Information 뿓 ELEVES + GOGGLES CALL 16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. SPILL. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. 8 EMERGENCY Year Day Month Signature Printed/Typed Name STENTZ ANIEL 17. Transporter 1 Acknowledgement of Receipt of Materials RANSPORT A Printed/Typed Name Ğ 18. Transporter 2 Acknowledgement of Receipt of Materials CASE Year Month Day Signature Printed/Typed Name ĸ 19. Discrepancy Indication Space ACI L 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this magifest except as noted in Item 19. Day Printed/Typed Name Do Not Write Below This Line DHS 8022 A (1/88)

EPA 8700-22 (Rev. 9-88) Previous editions are obsolete.

White ISD: SENDS THIS COPY TO DOHS WITHIN 30 DAYS

To P.O. Bok 3000, Sociamento, CA 95812

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